

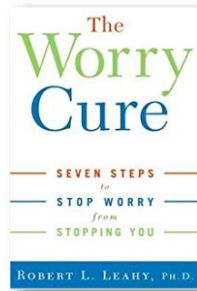


Ysbrydoledig • Cynnwys • Hysbysu
EAHIL 2018
 Caerdydd • Cardiff
 Inspiring • Involving • Informing

**LIBRARIES AND
 BIBLIOTHERAPY FOR
 MENTAL HEALTH**

Neil Frude

BIBLIOTHERAPY



The use of high quality self-help books written by experienced therapists that guide the reader through a therapeutic process – often CBT-based

BIBLIOTHERAPY

BIBLIOTHERAPY 1:

Manualised self-therapy

Strong scientific evidence of effectiveness

BIBLIOTHERAPY 2:

Use of fiction, poetry etc.

Strong anecdotal evidence of effectiveness

THE MENTAL HEALTH CONTEXT

According to the WHO, depression is now responsible – worldwide – for more “years lived with disability” (YLD) than any other illness – psychological or physical

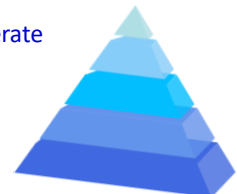
THE MENTAL HEALTH CONTEXT

At any one time, around 1/6 of the adult population (UK) has a diagnosable psychological problem

And this is also the case for 1/10 (UK) children of school age

THE MENTAL HEALTH CONTEXT

Mostly Mild to Moderate and 90% of cases are treated exclusively in primary care



1 in 4 consultations in primary care has a mental health component

TREATING PSYCHOLOGICAL DISTRESS

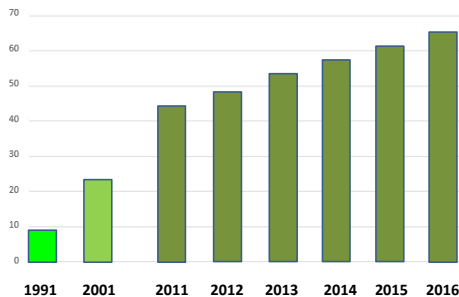
There are two effective approaches to treating psychological distress –

the **pharmacological**
and the **psychological**

PHARMACOLOGICAL TREATMENT

There has long been concern at the very high (and sharply rising) numbers of prescriptions for antidepressant drugs (across the UK, and especially in Wales)

ANTIDEPRESSANT PRESCRIPTIONS



PATIENTS PREFER PSYCHOLOGICAL HELP

Surveys and a large meta-analysis (McHugh *et al.*, 2013) have shown that many patients would prefer psychological help for their emotional problems – and this is widely acknowledged in **Mental Health Strategy** policy documents

NATIONAL ASSEMBLY FOR WALES – 2001

“... users in the primary care setting have shown a keen interest in the application of effective psychological therapies either as an alternative or a supplement to medication”

NATIONAL ASSEMBLY FOR WALES – 2016

A research briefing acknowledged that clients and leading mental health charities were unhappy with the level of provision of psychological therapies

62% of GPs and primary care staff said that lack of access to psychological treatment was a major impediment to delivering good mental health care

DELIVERING PSYCHOLOGICAL THERAPY

Despite the fact that psychological therapy can be **highly effective**, its actual **IMPACT** on the population is **TINY**

This reflects the very limited availability of psychological therapy

Few of those who might benefit actually receive any form of psychol. treatment

DELIVERING PSYCHOLOGICAL THERAPY

Epidemiology vs. Resources



So individual therapy cannot work as the main way of providing therapy

THE IMPACT FACTOR

Impact = Effectiveness x Reach

How effective is the therapy?

How many people does it reach?

MUCH more emphasis has been placed on effectiveness than on reach

(Impact = Relief of Suffering)

BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE

100s of studies

Cochrane reviews

NICE evaluations

Systematic reviews

Meta-analyses

BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE

Meta-analyses of bibliotherapy for **depression**:

Cuipers (1997) Bibliotherapy is “... *no less effective than group or individual therapy*”

Den Boer *et al.* (2004) Bibliotherapy is ... “... *as effective as professional treatment of relatively short duration*”

BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE

Van't Hoff, Cuijpers *et al.* (2009) systematically reviewed 13 existing meta-analyses and found a large effect size for self-help delivery

They concluded that self-help treatment is as effective as face-to-face therapy (and BBT is **HIGHLY** cost-effective)

BIBLIOTHERAPY CAN BE HIGHLY EFFECTIVE

BUT IT HAS RELATIVELY LITTLE IMPACT

HOW CAN WE INCREASE THE IMPACT?

BY EXTENDING THE REACH

WE NEED A WHOLESALE DELIVERY STRATEGY

DELIVERING BIBLIOTHERAPY (WHOLESALE!)

Effective 'PRODUCT'

Bibliotherapy – Quality self-help books

An effective implementation STRATEGY

Books on Prescription

An effective delivery SCHEME

Cardiff BoP scheme (2003)



*“Books on
Prescription”*

BOOKS ON PRESCRIPTION STRATEGY

The BoP strategy allows a cascading of expertise from mental health specialists (those who write and select quality books) to Primary Care health professionals (90%)

The strategy allows GPs and others in primary care to recommend specific self-help books **with confidence**

BOOKS ON PRESCRIPTION STRATEGY

The selected books present self-help adaptations of clinical treatments of proven effectiveness

Their use represents a substantial shift towards patient self-management and patient empowerment

BOOKS ON PRESCRIPTION STRATEGY

BoP involves a “joined up system” that makes use of the existing infrastructure and readily available resources – doctors, libraries, books

It employs a familiar clinical “device” – the “prescription”

BOOKS ON PRESCRIPTION STRATEGY



BOOKS ON PRESCRIPTION STRATEGY

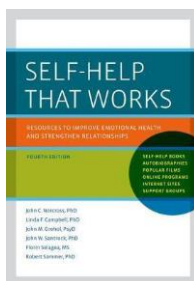
QUANTITY OF AVAILABLE BOOKS

(Amazon UK figures)

Self-help DEPRESSION	> 10,000
Self-help ANXIETY	> 10,000
Self-help SOCIAL ANXIETY	> 2,000
Self-help PANIC	> 1,000
Self-help OCD	> 1,000

BOOKS ON PRESCRIPTION STRATEGY

QUALITY OF AVAILABLE BOOKS



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BOOKS ON PRESCRIPTION STRATEGY

STRATEGY  WORKING SCHEME

The very first implementation of the BoP strategy as a working **SCHEME** happened in Cardiff in 2003

THE CARDIFF BOOK PRESCRIPTION SCHEME

Having had the idea of a BoP scheme, I first approached the Chief Librarian in Cardiff and was invited to 'pitch' the idea to the local Library committee – and they agreed, in principle, to support an experimental BoP scheme

THE CARDIFF BOOK PRESCRIPTION SCHEME

I then surveyed 50 psychologists and counsellors to identify books they would recommend for people with mild or moderate mental health problems

The results were structured into a list – 14 categories, 35 books

THE CARDIFF BOOK PRESCRIPTION SCHEME

The list of 35 self-help books addressed common emotional issues, including:

depression anxiety social phobia

panic anger stress

low self-esteem OCD

eating disorders and the

aftermath of sexual abuse




THE CARDIFF BOOK PRESCRIPTION SCHEME

COMMENTS FROM USERS

"I felt my confidence coming back after reading this book"

"When I read the book, I found myself thinking – 'yeah, that relates to me'"




THE CARDIFF BOOK PRESCRIPTION SCHEME

COMMENTS FROM PROFESSIONALS

"Using a self help book can help patients to see things differently"

"It can help them to do things themselves ... so it can help to empower patients"




THE CARDIFF BOOK PRESCRIPTION SCHEME

Won several awards (RCGP innovation award)

Also considerable publicity – an article in the **British Medical Journal** attracted a lot of interest and many requests to print the Wales list

Similar schemes began to emerge



BOOK PRESCRIPTION WALES

Following the success of the Cardiff BoP Scheme, the Welsh Assembly Government funded **Book Prescription Wales**


This was launched in 2005 and attracted considerable international attention

It was then emulated in a number of countries

BOOK PRESCRIPTION WALES

Launched in July 2005, 2400 Prescriber Packs were distributed to potential prescribers

Copies of all of the books on the list were provided to each of the 400 public libraries in Wales



BOOK PRESCRIPTION WALES

'Prescribers' soon extended beyond GPs to include counsellors, nurses, psychologists, psychiatrists, health visitors, midwives, etc.

Used in prisons, psychiatric wards, drug and alcohol centres, job centres, voluntary organisations, etc.



BOOK PRESCRIPTION WALES

Borrowings of the listed books averaged around 30,000 per annum in the first 4 years

3 / 10 of the most frequently borrowed non-fiction books were from the list

Special audio versions in Welsh were produced for 4 of the books



BOOKS ON PRESCRIPTION – EXPANSION

In the first papers (2002), I suggested that BoP could expand to other fields including ...

Child mental health

Chronic physical health conditions

(10 chronic physical health conditions account for 50% of NHS expenditure)

BOOKS ON PRESCRIPTION SCHEMES

England, Scotland, Northern Ireland, Eire

Jersey, Guernsey, New Zealand, Australia,

Canada, United States,

Denmark, Sweden



MLA SURVEY OF BoP SCHEMES IN ENGLAND

MLA survey (2011) found that over 100 BoP schemes were running in **England**

Different lists, modes of delivery, operating strategies, etc. etc.

Called for cooperation and major strategic integration



READING WELL BoP SCHEME

Developed by the Reading Agency

THE READING AGENCY

SCL

in Partnership with the SCL

Funded by Arts Council England



Supported by **ARTS COUNCIL ENGLAND**

wellcometrust

Supported by Wellcome

READING WELL BoP SCHEME

England now has 4 Book Prescription schemes –

Adult M.H. – 2013 **Dementia – 2015**

Young People M.H. – 2016 .. and ...

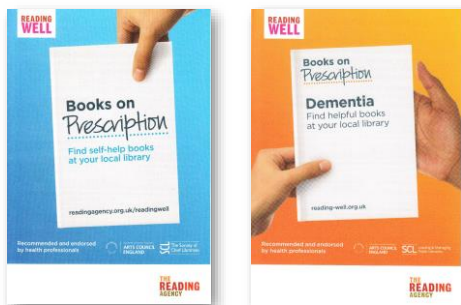
Chronic Physical Conditions – 2017

Since the initial launch in June 2013, over **850,000** books included in the project have been issued by public libraries in England

NATIONAL PARTNERSHIPS



READING WELL BoP SCHEME



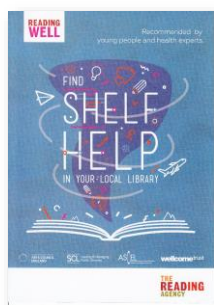
READING WELL BoP FOR DEMENTIA

Scheme developed for people with dementia, carers and those worried about their memory



It provides information and advice, practical support, personal stories, and a range of activities (including picture-based)

READING WELL BoP FOR YOUNG PEOPLE



READING WELL BoP FOR YOUNG PEOPLE



Includes self-help books, information and advice and also fiction and personal stories

Target: 13-18 year olds
35 titles over 12 areas
Common mental health conditions e.g. anxiety and depression, and difficult life issues such as bullying

READING WELL – CHRONIC CONDITIONS



- ❖ Arthritis
- ❖ Bowel conditions
- ❖ Breathing difficulties
- ❖ Diabetes
- ❖ Heart disease
- ❖ Stroke

CHRONIC CONDITIONS – PARTNERS

- BABCP British Heart Foundation
- BPS British Lung Foundation
- Carers Trust Carers UK Diabetes UK
- The IBS Network Mind MHF
- Public Health England The Stroke Association
- Royal Colleges of ... GPs ... Nurses ... Psychiatrists

READING WELL BoP SCHEME

- ❖ Self-referral – (libraries more active)
- ❖ Focus on partnerships
- ❖ Focus on sponsorship
- ❖ More active SU involvement
- ❖ Regular independent evaluation

READING WELL BoP EVIDENCE (END 2017)

- ❖ Reach: 780,000 people
- ❖ Over 2 million leaflets distributed
- ❖ 100% increase in loans of AMH titles
- ❖ 346% increase in loans of dementia titles
- ❖ 6,500 prescribers use the scheme regularly

READING WELL BoP EVIDENCE (END 2017)

- ❖ 98% of all English Library Authorities use one or more of the schemes
- ❖ 73% self referral rate
- ❖ High rate of book renewals
- ❖ £1 national average cost per loan

USER IMPACT – ADULT MENTAL HEALTH

- ❖ 90% of users said scheme was either 'helpful' or 'very helpful'
- ❖ 74% more confident managing symptoms
- ❖ 68% said that symptoms had improved as a result of reading the book

USER IMPACT – DEMENTIA

- ❖ 96% found the book 'helpful' or 'v.h.'
- ❖ 65% said it helped them to better understand the condition
- ❖ 73% said it increased their knowledge of sources of help and support

USER IMPACT – YOUNG PERSONS SCHEME

- ❖ 96% found the book helpful in dealing with emotional difficulties
- ❖ 77% felt that the book provided useful information and advice
- ❖ 59% said the book helped to boost their confidence

BOOKS ON PRESCRIPTION – POTENTIAL

BIBLIOTHERAPY IS AN **EFFECTIVE** TREATMENT

AND IT IS **HIGHLY COST-EFFECTIVE**

AND IT CAN BE **WIDELY DELIVERED**

SO HAS THE POTENTIAL FOR EXTREME '**REACH**'

BOOKS ON PRESCRIPTION – POTENTIAL

So ...

Why do only 10% GPs **KNOW ABOUT** the scheme?

(100% of GPs **know about antidepressants**)

Why do < 5% of GPs **USE** the scheme?

(100% of GPs **prescribe antidepressants**)

THE MEDICATION ADVANTAGE

EVERY GP prescribes antidepressants
OF COURSE

... so given the evidence of effectiveness, cost-effectiveness, and patient preference, why doesn't **EVERY** GP also prescribe books?



THE MEDICATION ADVANTAGE



Pharma spends £66 million per annum on UK advertising / marketing of antidepressants



THINKING SYSTEMICALLY

Biological OR **Psychological** OR
Social interventions can all take
some of the 'load' or 'pressure'
off a **bio-psycho-social** system
that is dangerously "overloaded"

ADVANTAGES OF BIBLIOTHERAPY

Many people prefer psychological treatment
Increases sense of personal empowerment
More immediate effects than AD medication
No rebound effect when treatment ends
Lower relapse rates (teaches 'skills for life', EQ)

ADVANTAGES OF BIBLIOTHERAPY

No appreciable adverse side effects
No adverse interactions with medication
No significant contraindications
No danger of overdose
Safe in pregnancy!!!

ADVANTAGES OF BIBLIOTHERAPY

Can help people ...
... to **understand** their condition
... to **explain** their condition (script)
... to support their own **recovery**
... to enhance their **wellbeing**
... to reduce the risk of **relapse**

BIBLIOTHERAPY – PROCESSES INVOLVED

	EFFECTS
Psychoeducation	
Normalization	Raises self-efficacy
Realistic reassurance	Empowers
Realistic hope	Promotes "growth mindset"
Motivation boosting	
Cognitive techniques	Increases resilience
Behavioural techniques	Raises EQ

BIBLIOTHERAPY – EXAMPLE – OBSESSIONS

Unwanted and intrusive thoughts are
very common indeed
Almost everyone has such thoughts
They are often violent, pornographic,
shocking and highly distressing
Such thoughts are not deliberate actions

BIBLIOTHERAPY – EXAMPLE – OBSESSIONS

They do not reflect “true desires”
They are not a prelude to evil actions
Trying to suppress unwanted thoughts
will typically strengthen them
You cannot switch these thoughts off
It’s best to accept them and just carry on
And the thoughts will then weaken

BIBLIOTHERAPY – LIMITATIONS

Limitations – People

Literacy (general – or specific language)
Motivation
Sensory handicaps
etc.



BIBLIOTHERAPY – LIMITATIONS

Limitations – Clinical issues

Some clinical conditions ...

are too critical or too complex
or too severe, etc.

... or are simply outside the
clinical range of the scheme



BIBLIOTHERAPY – LIMITATIONS

So, it’s not a panacea – it’s not “the answer”
for everyone with a mental health condition

However, the approach
WILL help many people

And so deserves a place
in the spectrum of care



Books on Prescription – COST-EFFECTIVENESS

Quality bibliotherapy is significantly **effective**

And **BoP COSTS** are **VERY** low (£1)

If ‘conscientious use’ = 50% and
effectiveness is then 40% - **Unit Cost
per Effective Treatment (UCET) = £5**

Books on Prescription – COST-EFFECTIVENESS

Unit Cost per Effective Treatment

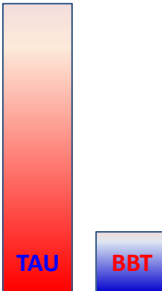
Traditional 1:1 psychology £ 3000

IAPT (50% effect / £750 cost) £ 1500

Anti-depressant medication £ ???

“Books on Prescription” £ 5

BIBLIOTHERAPY vs. TAU

Symptom relief	↔	
Cost effective	B ↑	
Preferred	B ↑	
Recovery	B ↑	
Relapse	B ↑	
Resilience	B ↑	
Self empowerment	B ↑	

NATIONAL ASSEMBLY FOR WALES – 2016

62% of GPs and primary care staff said that lack of access to psychological treatment was a major impediment to delivering good mental health care

ENHANCING WELLBEING BY READING

BIBLIOTHERAPY 2

Wellbeing enhancement through reading ...

... novels, poetry, memoirs, etc.

Entertaining	Energizing	Comforting
Distracting	Uplifting	Amusing
Stimulating	Inspiring	Encouraging

SOME BENEFITS OF READING

Broadens Experience

Increases general knowledge

Provides “virtual travel”

through time and space

to other periods, other cultures

... “virtual meetings” – we ‘meet’ ...

Miss Read, Mr. Darcy, Bertie Wooster

SOME BENEFITS OF READING

Broadens Experience

Promotes Active Engagement

Offers a Positive Way of Escaping

Provides Emotional Stimulation

SOME BENEFITS OF READING

Increases Emotional Intelligence (EQ)

Helps us to understand other people’s feelings, and our own – books can help us to find joy and meaning, and also to deal with fear, anger, guilt and loss

Such education can promote wellbeing and can help people to survive adversity

ENHANCING THE IMPACT OF READING



- Reading aloud groups
- Bookclub discussions
- “Meet the author”
- Researching background
- Read other books by author
- Read other books in the genre
- Write an on-line review

ENHANCING WELLBEING BY LIBRARY USE

Safe spaces, stimulating spaces,
signposting spaces, social spaces

2012 report by SCL (Wales)

“... public libraries are uniquely placed in the heart of the community to provide a range of health, wellbeing and social benefits and opportunities. Libraries bring people together”

ENHANCING WELLBEING BY LIBRARY USE

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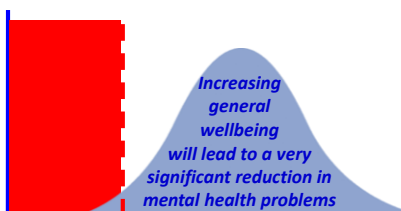
“They are also vital in reaching out to more hard to reach and vulnerable people ... to those who are housebound, those living in rural areas and those less able to afford to pay for services”

INCREASING GENERAL WELLBEING

Based on a review of the evidence, the UK Gov. Foresight Report “**Mental Capital and Wellbeing**” (2008) concluded that:

“Achieving a small change in the average level of wellbeing across the population would produce a large decrease in the percentage with mental disorder”

INCREASING GENERAL WELLBEING



Wellbeing

YOUNG PEOPLE’S MENTAL HEALTH

Epidemiology (NICE and Young Minds)

1 in 10 children and young people aged 5 – 16 yrs. have a diagnosable psychol. disorder (average 3 children in every class)

Nearly 80,000 CYP in the UK have severe depression (10% are under 10 years old)

THE LONG-TERM COSTS

A high proportion of children who experience mental health problems will continue to have MH problems in adulthood – especially if untreated

50% of long term mental health problems begin by the age of 14 years

75% of long term mental health problems begin by the age of 18 years

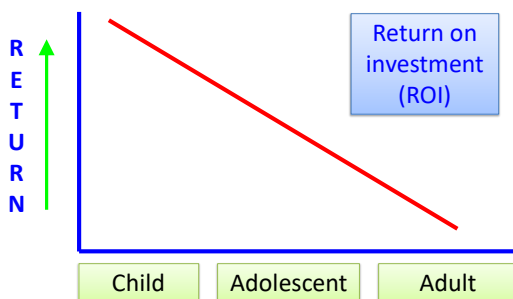
“OUR CHILDREN DESERVE BETTER”

CMO's annual report (published 2013)

“The case for early intervention is underpinned by sound science and sound finance”

“We need to help young people to develop strategies to enable them to respond effectively to life's challenges – to help them to develop resilience”

THE ECONOMY OF EARLY INTERVENTION



THE FUTURE OF BIBLIOTHERAPY

“I had a **dream**” ...

... that effective psychological help (prevention, treatment, recovery) could be made available to many more people who could benefit from such help – that much wider delivery was possible

THE FUTURE OF BIBLIOTHERAPY

“I had an **idea**” ...

... that one way of achieving this was to use bibliotherapy and libraries

(but I also had a **nightmare** – that there might be a ‘fatal flaw’)

THE FUTURE OF BIBLIOTHERAPY

Maybe books will be superseded by other media – many apps available

Are we the last paper generation?

Where will people seek help for health?

Maybe not 100% physician (already nurses, pharmacists, so why not “librarians as health practitioners”?)

THE FUTURE OF BIBLIOTHERAPY

“Librarians as health practitioners”

Technological developments will certainly revolutionize healthcare

Expertise will increasingly reside in artificial systems, but for some time these systems are likely to need a human interface

“Therapy without therapists”

THE FUTURE OF BIBLIOTHERAPY

As well as relieving mental health symptoms, information-based interventions can ...

Enhance wellbeing

Build resilience

Aid recovery

Prevent relapse

THE FUTURE OF BIBLIOTHERAPY

“I have **another dream**” ...

... that the full potential of bibliotherapy and digital interventions to prevent and treat mental health issues, to support recovery and to enhance wellbeing, will be recognized by those who have the power to change things

THE FUTURE OF BIBLIOTHERAPY

“I have **another dream**” ...

... that every physician is aware of effective BBT / digital resources and uses these
... that people recognize their library as a primary source of help for their health
... and that specialist librarians, aided by AI, become front line health practitioners

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